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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 32860-000559/US

Inventor(s) Siegfried SÖLLNER

Title METHOD AND CONFIGURATOR FOR CREATING A PLANT CONCEPT FROM A NUMBER OF PLANT COMPONENTS

17537 U.S. PRO 10/621578

07/18/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 14]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C.113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. §3.73(b) Statement Power of (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

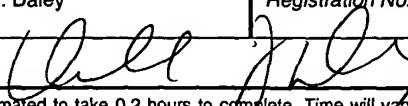
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| Name | Harness, Dickey & Pierce, P.L.C. | | | | |
| Address | P.O. Box 8910 | | | | |
| City | Reston | State | VA | Zip Code | 20195 |
| Country | United States of America | Telephone | 703-668-8000 | Fax | 703-668-8200 |

| | | | | |
|-------------------|---|--|-----------------------------------|---------------|
| Name (Print/Type) | Donald J. Daley | | Registration No. (Attorney/Agent) | 34,313 |
| Signature |  | | Date | July 18, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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1
1834 U.S. PTO
07/18/03FEE TRANSMITTAL
for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 874.00)

| Complete if Known | |
|---------------------|-------------------|
| Application Number | New Application |
| Filing Date | July 18, 2003 |
| Inventor(s) | Siegfried SÖLLNER |
| Examiner Name | Unassigned |
| Group / Art Unit | Unassigned |
| Attorney Docket No. | 32860-000559/US |

| METHOD OF PAYMENT (check one) | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="08-0750"/></p> <p>Deposit Account Name <input type="text" value="Harness, Dickey & Pierce, P.L.C."/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> | | | | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65 Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25 Surcharge - late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130 Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520 For filing a request for reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920* Requesting publication of SIR prior to Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840* Requesting publication of SIR after Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55 Extension for reply within first month</td><td><input type="checkbox"/></td></tr> <tr><td>116</td><td>410</td><td>216</td><td>205 Extension for reply within second month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>930</td><td>217</td><td>465 Extension for reply within third month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,450</td><td>218</td><td>725 Extension for reply within fourth month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,970</td><td>228</td><td>985 Extension for reply within fifth month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160 Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160 Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140 Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510 Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55 Petition to revive – unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>141</td><td>1,300</td><td>241</td><td>650 Petition to revive – unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>142</td><td>1300</td><td>242</td><td>650 Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>143</td><td>470</td><td>243</td><td>235 Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>144</td><td>630</td><td>244</td><td>315 Plant issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130 Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50 Processing fee under 37 CFR 1.17 (q)</td><td><input type="checkbox"/></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180 Submission of Information Disclosure Stmt</td><td><input type="checkbox"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40 Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>750</td><td>246</td><td>375 Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>149</td><td>750</td><td>249</td><td>375 For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>179</td><td>750</td><td>279</td><td>375 Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900 Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4">SUBTOTAL (3) <input type="text" value="(\$ 40)"/></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="4">SUBTOTAL (3) <input type="text" value="(\$ 40)"/></td> </tr> </tbody> </table> | | | | Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 Surcharge - late filing fee or oath | <input type="checkbox"/> | 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | 139 | 130 | 139 | 130 Non-English specification | <input type="checkbox"/> | 147 | 2,520 | 147 | 2,520 For filing a request for reexamination | <input type="checkbox"/> | 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | <input type="checkbox"/> | 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | <input type="checkbox"/> | 115 | 110 | 215 | 55 Extension for reply within first month | <input type="checkbox"/> | 116 | 410 | 216 | 205 Extension for reply within second month | <input type="checkbox"/> | 117 | 930 | 217 | 465 Extension for reply within third month | <input type="checkbox"/> | 118 | 1,450 | 218 | 725 Extension for reply within fourth month | <input type="checkbox"/> | 128 | 1,970 | 228 | 985 Extension for reply within fifth month | <input type="checkbox"/> | 119 | 320 | 219 | 160 Notice of Appeal | <input type="checkbox"/> | 120 | 320 | 220 | 160 Filing a brief in support of an appeal | <input type="checkbox"/> | 121 | 280 | 221 | 140 Request for oral hearing | <input type="checkbox"/> | 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | <input type="checkbox"/> | 140 | 110 | 240 | 55 Petition to revive – unavoidable | <input type="checkbox"/> | 141 | 1,300 | 241 | 650 Petition to revive – unintentional | <input type="checkbox"/> | 142 | 1300 | 242 | 650 Utility issue fee (or reissue) | <input type="checkbox"/> | 143 | 470 | 243 | 235 Design issue fee | <input type="checkbox"/> | 144 | 630 | 244 | 315 Plant issue fee | <input type="checkbox"/> | 122 | 130 | 122 | 130 Petitions to the Commissioner | <input type="checkbox"/> | 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17 (q) | <input type="checkbox"/> | 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt | <input type="checkbox"/> | 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) | 40 | 146 | 750 | 246 | 375 Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 149 | 750 | 249 | 375 For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 179 | 750 | 279 | 375 Request for Continued Examination (RCE) | <input type="checkbox"/> | 169 | 900 | 169 | 900 Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify) _____ | | | | SUBTOTAL (3) <input type="text" value="(\$ 40)"/> | | | | *Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) <input type="text" value="(\$ 40)"/> | | | |
| Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | 130 | 205 | 65 Surcharge - late filing fee or oath | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 139 | 130 | 139 | 130 Non-English specification | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | 2,520 | 147 | 2,520 For filing a request for reexamination | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115 | 110 | 215 | 55 Extension for reply within first month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | 410 | 216 | 205 Extension for reply within second month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | 930 | 217 | 465 Extension for reply within third month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | 1,450 | 218 | 725 Extension for reply within fourth month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | 1,970 | 228 | 985 Extension for reply within fifth month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | 320 | 219 | 160 Notice of Appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 320 | 220 | 160 Filing a brief in support of an appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | 280 | 221 | 140 Request for oral hearing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | 110 | 240 | 55 Petition to revive – unavoidable | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | 1,300 | 241 | 650 Petition to revive – unintentional | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | 1300 | 242 | 650 Utility issue fee (or reissue) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | 470 | 243 | 235 Design issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 144 | 630 | 244 | 315 Plant issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | 130 | 122 | 130 Petitions to the Commissioner | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17 (q) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146 | 750 | 246 | 375 Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | 750 | 249 | 375 For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179 | 750 | 279 | 375 Request for Continued Examination (RCE) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 169 | 900 | 169 | 900 Request for expedited examination of a design application | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | SUBTOTAL (3) <input type="text" value="(\$ 40)"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) <input type="text" value="(\$ 40)"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Entity</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>9</td> <td>-20**</td> <td>= <input type="text"/></td> <td>X <input type="text"/></td> <td>= <input type="text" value="0"/></td> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>4</td> <td>-3 **</td> <td>= <input type="text" value="1"/></td> <td>X <input type="text" value="84"/></td> <td>= <input type="text" value="84"/></td> </tr> <tr> <td>Multiple Dependent</td> <td>0</td> <td></td> <td>X <input type="text"/></td> <td>= <input type="text"/></td> <td></td> </tr> </tbody> </table> | | | | Total Claims | Entity | Extra Claims | Fee from below | Fee Paid | 9 | -20** | = <input type="text"/> | X <input type="text"/> | = <input type="text" value="0"/> | Independent Claims | 4 | -3 ** | = <input type="text" value="1"/> | X <input type="text" value="84"/> | = <input type="text" value="84"/> | Multiple Dependent | 0 | | X <input type="text"/> | = <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Entity | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Multiple Dependent | 0 | | X <input type="text"/> | = <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9 Claims in excess of 20</td> <td><input type="checkbox"/></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42 Independent claims in excess of 3</td> <td><input type="checkbox"/></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140 Multiple dependent claim, if not paid</td> <td><input type="checkbox"/></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42 ** Reissue independent claims over original patent</td> <td><input type="checkbox"/></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9 ** Reissue claims in excess of 20 and over original patent</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | Fee | Fee Description | Fee Paid | 103 | 18 | 203 | 9 Claims in excess of 20 | <input type="checkbox"/> | 102 | 84 | 202 | 42 Independent claims in excess of 3 | <input type="checkbox"/> | 104 | 280 | 204 | 140 Multiple dependent claim, if not paid | <input type="checkbox"/> | 109 | 84 | 209 | 42 ** Reissue independent claims over original patent | <input type="checkbox"/> | 110 | 18 | 210 | 9 ** Reissue claims in excess of 20 and over original patent | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 | 9 Claims in excess of 20 | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 104 | 280 | 204 | 140 Multiple dependent claim, if not paid | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL (2) <input type="text" value="(\$ 84)"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|---|----------------------------------|------------------------|
| Name (Print/Type) | Donald J. Daley | Registration No. Attorney/Agent) | 34,313 |
| Signature |  | | Telephone 703-658-8000 |
| | | | Date July 18, 2003 |

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